



# TRAVEL REIMBURSEMENT REQUEST

Dept. of Labor & Industries  
PO Box 44267  
Olympia WA 98504-4267

NO STAPLES IN  
BAR CODE AREA

DO NOT  
WRITE IN  
SPACE

## Injured Worker Information

Worker's name (Last, First, Middle Initial)		Claim No.
Worker's home address (not PO Box)		Date of injury
Apt #		Social Security No. (for ID only)
City	State	ZIP
		Worker's Phone Number

## Travel Information Why did you travel? If you check more than 1 box, you must use a separate form for each type of travel.

☐ I traveled for a medical visit or to receive treatment ☐ I traveled to receive retraining ☐ I traveled to receive vocational services

Read the instructions on the back of this form before you complete this section.

A	Date (Each Trip or expense)	B	Travel Code (one per line) See back	C	From: (City)	D	To: (City)	Person Seen, Purpose of Trip (Signature of person seen required below)	E	No. Of Miles (Round Trip)	F	MILEAGE COST (miles x rate)	G	Cost For Food, Lodging, Fares, Parking (one per line)
1.											\$		\$	
2.											\$		\$	
3.											\$		\$	
4.											\$		\$	
5.											\$		\$	
6.											\$		\$	
7.											\$		\$	
8.											\$		\$	
Totals											\$		\$	

Signature Requirements:

## Signature Requirements:

Signature of the person you traveled to see: 1) Medical Visits - the person you saw must sign to verify each date you traveled. 2) Vocational and Retraining services - your vocational counselor must sign to verify each date you traveled.

Date and authorizing signature of person visited	Date and authorizing signature of person visited	Date and authorizing signature of person visited
1.	4.	7.
2.	5.	8.
3.	6.	

## Worker's Signature (forms not signed will be returned)

These expenses are related to my worker's compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions on the back of this form.

Date	Worker's signature
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**Read the instructions carefully before you complete this form! We can only reimburse you if your form is complete, correct and signed.**

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**Important information to know about payment for travel expenses**

- If you traveled for an Independent Medical Exam, you do not have the correct form for travel reimbursement. Please call the Provider Hotline at 1-800-848-0811 for the correct reimbursement form, F245-045-000.
- You should have approval from your claim manager before you travel. Without approval, you may not be reimbursed for your expenses.
- For medical visits and treatment, travel expense is only payable when you have to travel more than 10 miles one-way from your home to the nearest point of adequate treatment, unless L&I or your self-insured employer requested it. Travel expense is not payable beyond the nearest point of adequate treatment, even if you prefer to seek treatment at another location.
- Travel expenses are not payable when your claim is closed or you are on pension, unless L&I or your self-insured employer requested it.
- Travel expenses are not payable for driving to the pharmacy to get your prescriptions filled.
- We can only reimburse you if we receive your reimbursement form within 12 months from the date you traveled.
- WAC 296-20-1103 applies to reimbursement for travel expenses.

**TRAVEL INFORMATION**

**Column A:** Date of trip. Write only one date per line.

**Column B:** The codes are listed below. For example, if you are charging for private vehicle mileage to go to a doctor visit, write in code 0401A. Please use only one code on each line.

0401A Private Vehicle Mileage	0406A Lodging (receipt required)
0402A Parking (receipt required for \$10 or more)	0407A Breakfast (receipt required)
0403A Bridge and Ferry Tolls (receipt required)	0408A Lunch (receipt required)
0405A Commercial Transportation (receipt required)	0409A Dinner (receipt required)
0414A Taxi (receipt required)	

**Vocational Services**

(For example: Going to see your vocational counselor or traveling for retraining services prior to a formal retraining plan start date.)

V0028 Private Vehicle transportation

**Retraining Services**

(Any travel authorized in your approved retraining plan. Attach a copy of your Transportation Cost Encumbrance form.)

0301R Private Vehicle Mileage	0303R Bridge and Ferry Tolls (receipt required)
0302R Parking (receipt required)	0304R Commercial Transportation (receipt required)

**Meals and lodging for retraining can not be paid using this form. Contact your Vocational Counselor.**

**Column C:** This must be the city where you lived on the day you traveled.

**Column D:** Name of the city you went to, and in the next space the person you saw and type of service you received.

**Column E:** List the total number of miles you traveled round trip.

**Column F:** List the total charge for your mileage by multiplying the number of miles traveled times the current department rate. For current department rate call 1-800-848-0811.

**Column G:** Write in the dollar amount of each expense (food, lodging, fares, parking). Write only one expense per line. You must attach all receipts. You should always send in photocopies of your receipts and keep your originals.

**SIGNATURE REQUIREMENTS**

1) Medical visits - the person you saw must sign to verify each date you traveled. 2) Vocational and Retraining services - your Vocational Counselor must sign to verify each date you traveled. (It would not be unusual to have multiple signatures covering a time period.)